

2001 National Guideline on the Management of *Phthirus pubis* Infestation

Clinical Effectiveness Group (Association for Genitourinary Medicine and the Medical Society for the Study of Venereal Diseases)

Aetiology

- The crab louse *Phthirus pubis* is transmitted by close body contact.
- The incubation period is usually between 5 days and several weeks, although occasional individuals appear to have more prolonged, asymptomatic infestation.

Clinical features

Symptoms and Signs

- Adult lice infest strong hairs of the pubic area, body hair and, rarely, eyebrows and eyelashes.
- Eggs (nits) are laid which adhere to the hairs.
- There may be either no symptoms, or there may be itch due to hypersensitivity to feeding lice.
- Blue macules (*maculae caeruleae*) may be visible at feeding sites.

Diagnosis

- This is based on finding adult lice and/or eggs.
- Examination under light microscopy can confirm the exact morphology if necessary.

Management.

General Advice

1. Patients should be advised to avoid close body contact until they and their partner(s) have completed treatment and follow-up.
2. Patients should be given a detailed explanation of their condition, and clear and accurate written information on applying the treatment.

Further Investigation

- A full screen for other STI's should be undertaken, although few data are available to determine the likelihood of additional diagnoses (1,2).

Treatment

A number of treatments are available (3).

Head lice develop resistance to pediculicides, and local rotation of treatments to combat this may restrict availability of treatments for pubic lice.

Lotions are likely to be more effective than shampoos, and should be applied to all body hair including the beard and moustache if necessary. A second application after 3-7 days may be advisable.

Recommended Regimens

- Malathion 0.5%. Apply to dry hair and wash out after at least 2, and preferably, 12 hours ie overnight (level of evidence 4, grade of recommendation C).
- Permethrin 1% cream rinse. Apply to damp hair and wash out after 10 minutes (level of evidence 2, grade of recommendation B).
- Phenothrin 0.2%. Apply to dry hair and wash out 2 hours later (level of evidence 4, grade of recommendation C).
- Carbaryl 0.5 and 1%. Apply to dry hair and wash out 12 hours later (level of evidence 4, grade of recommendation C).

Infestation of eyelashes can be treated with permethrin 1% lotion, keeping the eyes closed during the 10 minute application (level of evidence 4, grade of recommendation C).

Removal of lice with forceps or application of vaseline are alternative treatments (level of evidence 4, grade of recommendation C).

Allergy

- Treatments to which there is known hypersensitivity should be avoided.

Pregnancy and Breastfeeding

- Permethrin is safe during pregnancy or breastfeeding

Sexual partners

- Current sexual partners should also be examined and treated.
- Contact tracing of partners from the previous 3 months should be undertaken.

Follow-up

- Patients should be re-examined for the absence of lice after 1 week.
- Treatment failures should be given an alternative from the above list.
- It should be explained to patients that dead nits may remain adherent to hairs.
- This does not imply treatment failure, and the nits can be removed with a comb specifically designed for that purpose.

Auditable outcome measures

- Association with other STI's
- Treatment failure rate

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None.

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Conflict of Interest.

None.

Evidence Base.

Medline search strategy

Years covered 1966-1997

Key terms - pediculosis/th, pediculosis/dt, pediculosis pubis, malathion/tu, lindane/tu, permethrin/tu, phenothrin/tu.

One randomized controlled trial in the treatment of pediculosis pubis was found. This study showed similar efficacy of 1% lindane shampoo and 1% permethrin cream rinse, although poorer response rates than when these agents are used for the treatment of head lice.

However, lindane has now been discontinued in the UK because of concerns about toxicity and lack of efficacy.

References

1. Hart G. Factors associated with pediculosis pubis and scabies. *Genitourin Med* 1992;68:294-5.
2. Fisher I, Morton R. Phthirus pubis infestation. *British Journal of Venereal Diseases* 1970;46:326-9.
3. Brown S, Becker J, Brady W. Treatment of ectoparasitic infections, review of the English-language literature 1982-1992. *Clin Inf Dis* 1995; 20(suppl): S105-9.

4. Kalter DC, Sperber J, Rosen T, Matarasso S. Treatment of pediculosis pubis - clinical comparison of efficacy and tolerance of 1% lindane shampoo versus 1% permethrin cream rinse. *Arch Dermatol* 1987; 123: 1315-9.